



2004-2005 Heating Season (Federal Fiscal Year 2005)
HOME ENERGY PLUS SHORT APPLICATION FORM

PLEASE PRINT

(shaded areas for local agency only)

NAME OF COUNTY _____		Mail Application to:
DATE OF APPLICATION _____		
WORKER NUMBER:		
First Name	Middle Initial	Last Name
Social Security Number		Phone Number
Do you live at the same address where you applied last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide your new address: Street Address _____ PO Box _____ City _____ WI Zip _____		

ENERGY BURDEN INFORMATION

Heating

Electric

My primary heating source is: (circle one): Fuel Oil

Natural Gas Propane Electric Heat Wood Other

How do you pay your bill? (check one)

☐ Directly pay the bill sent from the fuel supplier

☐ Rental payment includes fuel in the monthly rent payment

☐ Separate payment is made to the landlord, mobile home park owner, ESCO or cuts own wood.

☐ All household heating bills for the previous month were paid in full by a government program or other party.

My heating company is: _____

Vendor Number _____

Account Name _____

Account # _____

Fuel Costs _____ Cost Basis _____

IF ELECTRIC IS ALREADY ENTERED AS PRIMARY HEAT - SKIP THIS SECTION

How do you pay your bill? (check one)

☐ Directly pay the bill sent from the fuel supplier

☐ Rental payment includes fuel in the monthly rent payment

☐ Separate payment is made to the landlord, mobile home park owner, or ESCO.

☐ All household electric bills for the previous month were paid in full by a government program or other party.

My Electric company is: _____

Vendor Number _____

Account Name _____

Account # _____

Electric Costs _____ Cost Basis _____

You must provide how the water is heated in your home: (circle one)

Natural Gas

Electric

Propane (LP)

If your heat or electric is paid to a landlord or a separate payment is made to another party - provide the landlord information below:

Landlord Name _____ Landlord Phone _____

Address _____ City _____ State _____ Zip _____

Do you live in government assisted housing or receive rental assistance? ☐ Yes ☐ No

REPORT **ALL** HOUSEHOLD MEMBERS AND THEIR PREVIOUS THREE MONTHS MONTHLY INCOME TO DETERMINE TOTAL HOUSEHOLD INCOME. Report monthly SSI, SS, dividends/interest, pensions, veterans benefits and/or **Sub-housing Utility Allowance** **Include applicant listed on page 1.**

Name:	Income Type	Month 1	Month 2	Month 3	Verification	CE
SSN:						Y
Date of Birth: Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No						N
Name:						Y
SSN:						N
Date of Birth: Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No						
Name:						Y
SSN:						N
Date of Birth: Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No						
Case Comments:					3-month income total	

I have read the client certification page and understand and agree to all ten statements.

I certify that the information on this application and all information given in connection with this application are true and complete statement of facts. I understand that by signing this application, I am authorizing the Home Energy Plus agency and the Department of Administration (DOA) to obtain information concerning:

- My home energy use and billing information (including heating and electric costs),
- Housing information from subsidized housing offices or a landlord,
- Income verification.

I also understand that I may be required to provide proof of any information on this application and that giving false information will invalidate this application, require the return of any benefits received and possibly subject me to prosecution for fraud. Collection of your Social Security number is not prohibited by federal law and is a required data element for tracking application benefits granted by this program. Failure to provide this information will result in delayed processing of your application and inability to determine benefits amounts.

Return the application form to the address listed on the other side, keep the Client Certification for your files.

Applicant Signature X _____ **Date** _____

Agency Worker Signature _____ **Date** _____